



PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**
Commissioner for Patents
Alexandria, Virginia 22313-1450
Fax (703)746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly make-up with any corrections or use Block 1)
 7590 07/15/2003

Ronald L. Grudziecki
 BURNS, DOANE, SWECKER & MATHIS, L.L.P.
 P.O. Box 1404
 Alexandria, VA 22313-1404

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Donnie S. Dietrich (Depositor's name)
Donnie S. Dietrich (Signature)
October 14, 2003 (Date)

APPLICATION NO. 09/560,475	FILING DATE 04/28/2000	FIRST NAMED INVENTOR David C. Greenspan	ATTORNEY DOCKET NO. 028870-178	CONFIRMATION NO. 3797
TITLE OF INVENTION: ANTI-INFLAMMATORY BIOACTIVE GLASS PARTICULATES				

APPLN. TYPE nonprovisional	SMALL ENTITY YES	ISSUE FEE \$650 \$665.00	PUBLICATION FEE \$0	TOTAL FEE(S) DUE \$650	DATE DUE 10/15/2003
EXAMINER PULLIAM, AMY E	ART UNIT 1615	CLASS-SUBCLASS 424-422000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) **BURNS, DOANE, SWECKER & MATHIS, L.L.P.** the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
- 2 _____
- 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
- PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.
- (A) NAME OF ASSIGNEE
USBIOMATERIALS Corp.
- (B) RESIDENCE: (CITY and STATE OR COUNTRY)
Alachua, Florida U.S.A.

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee
- ☒ Advance Order - # of Copies **5**

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **02-4800** (enclose an extra copy of this form).

Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) **Mary B. Grant, Reg. No. 22,176**

Mary B. Grant

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.** SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

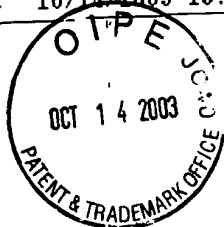
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMIT THIS FORM WITH FEE(S)

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PTOL-85 (REV. 05-03) Approved for use through 04/30/2004. OMB 0651-0033

Received from <919 941 1515> at 10/14/03 1:08:12 PM [Eastern Daylight Time]



Patent
Attorney's Docket No. 028870-178

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

David C. Greenspan

Application No.: 09/560,475

Filed: April 28, 2000

For: Anti-Inflammatory Bioactive Glass
Particulates

BOX ISSUE FEE

Confirmation No.: 3797

PAYMENT OF ISSUE FEE AND AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT FOR ANY DEFICIENCY

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

The Commissioner is hereby authorized to charge any fees under 37 C.F.R. §§ 1.18, 1.19, and 1.21 that may be required by the attached Issue Fee Transmittal Form, and to credit any overpayment, to Deposit Account No. 02-4800.

If a publication fee is required for this application and the publication fee has not been paid, the Commissioner is hereby authorized to charge any fees under 37 C.F.R. § 1.18(d) that may be required for publication of this application, and to credit any overpayment, to Deposit Account No. 02-4800.

This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By: Mary B. Grant
Mary B. Grant
Registration No. 32,176

P.O. Box 1404
Alexandria, Virginia 22313-1404
(919) 941-9240

Date: October 14, 2003

I HEREBY CERTIFY that this correspondence
is being transmitted by facsimile to the U.S. Patent
and Trademark Office on this 14th day
of October, 2003.
Fax Number is 1.703.746.4000
Application Number: 09/560,475
Patent Number: N/A
Name of person signing certificate of facsimile:

Donnie S. Dietrich
Donnie S. Dietrich

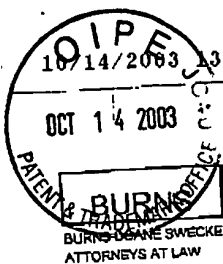
(10/01)

10/14/2003 13:06 FAX 919 941 1515

BURNS DOANE

001/003

OCT 14 2003



ALEXANDRIA, VIRGINIA
REDWOOD SHORES, CALIFORNIA
DURHAM, NORTH CAROLINA

REPLY TO:
P.O. Box 14846
Research Triangle Park, NC 27709

TELEPHONE: +1.919.941.9240

FACSIMILE: +1.919.941.1515

DATE: October 14, 2003

RECIPIENT INFORMATION

To: Issue Fee
Voice Tel. No.:
Fax Tel. No.: 703.746.4000
Your Ref.: 09/560,475

SENDER INFORMATION

From: Mary B. Grant
Voice Tel. No.: 919.941.8830
Sent By: Donnie
Our Ref.: 028870-178
Total Pages: 3 pages

MESSAGE:

Dear Examiner Pak,

Attached is
Payment of Issue Fee and Authorization to charge Deposit Account for any Deficiency for Serial number
09/560,476
And the Issue Fee Transmittal.

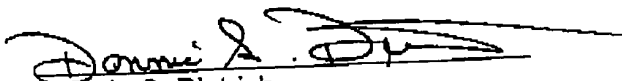
Please let me know if you have any questions.

Thank you,
Mary B. Grant

I HEREBY CERTIFY that this correspondence is being transmitted by facsimile to the U.S. Patent
and Trademark Office on this 14th day of October, 2003.

Title: "Anti-Inflammatory Bioactive Glass Particulates"

Name of person signing certificate of facsimile:


Donnie S. Dietrich

NOTE: The information contained in this facsimile message is confidential and may be attorney-client privileged and is intended only for the person(s) named above and others expressly authorized to receive it. If you are not an intended recipient, you are hereby notified that any dissemination, distribution or copying of this message is prohibited and you are asked to notify us immediately by telephone and to return this message to us by mail without copying it.

(BOSM 8700)

Received from <919 941 1515> at 10/14/03 1:08:12 PM [Eastern Daylight Time]